

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042428

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 3278

FILED OCT 30 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis,

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kirkwood, Mo.

Length of stay in 1b

2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Florida

b. COUNTY

Dade

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

Miami

d. STREET ADDRESS

3129 N. W. 11th, St.

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Myrtle

Middle

Wilks

Last

Scott

4. DATE OF DEATH

Month

Day

Year

October 16, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2/23/81

9. AGE (last birthday)

82

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

Caruthersville, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Louis Wilks

13b. MOTHER'S MAIDEN NAME

Margaret Alice Burris

14. NAME OF HUSBAND OR WIFE

Peter W. Scott, Jefferson City, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No.

Nil.

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

Pneumonia, right

INTERVAL BETWEEN ONSET AND DEATH

2 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic heart disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☒ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 20, 1963 to Oct. 16, 1963 and last saw her alive on Oct. 16, 1963

Death occurred at 10:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

325 N. Kirkwood Rd. Kirkwood, Mo.

22c. DATE SIGNED

10/19/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-21-63

23c. NAME OF CEMETERY OR CREMATORY

Little Prairie Cemetery

23d. LOCATION (City, town, or county)

Caruthersville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Smith Funeral Caruthersville, Mo.

25. DATE RECD. BY LOCAL REG.

10-21-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

OCT 8 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.